ST MARYS HOME FOR THE AGED

2005 DIVISION STREET

MANI TOWOC Phone: (920) 684-7171 Ownershi p: Non-Profit Church Related 54220 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 241 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 257 Average Daily Census: 234 Number of Residents on 12/31/00: 230

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	 %	Less Than 1 Year	18. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	46. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3. 9	More Than 4 Years	35. 7
Day Services	Yes	Mental Illness (Org./Psy)	22. 2	65 - 74	6. 1		
Respite Care	Yes	Mental Illness (Other)	9. 6	75 - 84	33. 9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46. 1	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.9	95 & 0ver	10.0	Full-Time Equivalen	t
Congregate Meals No   Cancer		Cancer	1. 3			Nursing Staff per 100 Res	si dents
Home Delivered Meals No   Fractures		8. 7		100.0	(12/31/00)		
Other Meals	No	Cardi ovascul ar	8. 3	65 & 0ver	96. 1	 	
Transportation	No	Cerebrovascul ar	10.0			RNs	4. 0
Referral Service	No	Diabetes	5. 2	Sex	%	LPNs	5. 5
Other Services	No   Respiratory		3. 5			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	30. 4	Male	20. 0	Aides & Orderlies	38. 3
Mentally Ill	No			Female	80. 0		
Provide Day Programming for			100.0				
Developmentally Disabled No					100. 0		
		In als				De als	

Method of Reimbursement

		Modi			Modia	 oid											
		Medicare Medicaid (Title 18) (Title 19)			Other 1				Private Pay			Managed Care			Percent		
			Per Di	em		Per Die	m		Per Die	em		Per Dien		_	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	6	100. 0	\$238. 81	139	89. 1	\$102.09	0	0. 0	\$0.00	65	95. 6	\$122.00	0	0. 0	\$0.00	210	91. 3%
Intermediate				17	10. 9	\$84. 80	0	0. 0	\$0.00	3	4. 4	\$111.00	0	0. 0	\$0.00	20	8. 7%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Total	6	100.0		156	100. 0		0	0. 0		68	100. 0		0	0. 0		230	100. 0%

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ions, Services	, and Activities as of $12/$	31/00
Deaths During Reporting Period							
		I		9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	10. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1. 7		74. 8	23. 5	230
Other Nursing Homes	5. 2	Dressi ng	15. 7		64. 8	19. 6	230
Acute Care Hospitals	72. 2	Transferri ng	35. 7		37. 4	27. 0	230
Psych. HospMR/DD Facilities	0.0	Toilet Use	26. 5		47. 8	25. 7	230
Rehabilitation Hospitals	0.0	Eati ng	65. 7		15. 7	18. 7	230
Other Locations	12. 4	*************	**********	******	******	*********	******
Total Number of Admissions	97	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7. 0	Recei vi ng	Respi ratory Care	13. 9
Private Home/No Home Health	17.8	0cc/Freq. Incontiner	nt of Bladder	<b>58.</b> 3	Recei vi ng	Tracheostomy Care	0. 4
Private Home/With Home Health	12. 1	0cc/Freq. Incontiner	nt of Bowel	41.3	Recei vi ng	Sucti oni ng	0. 4
Other Nursing Homes	4. 7	I			Recei vi ng	Ostomy Care	3. 9
Acute Care Hospitals	11. 2	Mobility			Recei vi ng	Tube Feeding	2. 6
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	4.3	Recei vi ng	Mechanically Altered Diets	31. 7
Rehabilitation Hospitals	0.0	I					
Other Locations	2.8	Skin Care			Other Reside	nt Characteristics	
Deaths	51.4	With Pressure Sores		6. 5	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		25. 7	Medi cati ons		
(Including Deaths)	107	I			Recei vi ng	Psychoactive Drugs	61. 7
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	Ownershi p:		Bed	Si ze:	Li ce	ensure:			
	Thi s	Non	profi t	20	<b>00</b> +	Ski l	lled	Al l	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91. 1	92.8	0. 98	88. 2	1.03	87. 0	1.05	84. 5	1.08
Current Residents from In-County	81. 7	73. 6	1. 11	47.8	1. 71	69. 3	1. 18	77. 5	1.05
Admissions from In-County, Still Residing	39. 2	26. 8	1. 46	25. 6	1. 53	22. 3	1. 75	21.5	1.82
Admissions/Average Daily Census	41. 5	86. 5	0. 48	<b>57.</b> 0	0.73	104. 1	0.40	124. 3	0.33
Discharges/Average Daily Census	45. 7	83. 8	0. 55	58. 7	0. 78	105. 4	0.43	126. 1	0. 36
Discharges To Private Residence/Average Daily Census	13. 7	28. 3	0. 48	16. 4	0. 83	37. 2	0. 37	49. 9	0. 27
Residents Receiving Skilled Care	91. 3	89. 0	1. 03	79. 6	1. 15	87. 6	1.04	83. 3	1. 10
Residents Aged 65 and Older	96. 1	97. 3	0. 99	89. 9	1.07	93. 4	1.03	87. 7	1. 10
Title 19 (Medicaid) Funded Residents	67. 8	67. 3	1. 01	78. 9	0. 86	70. 7	0. 96	69. 0	0. 98
Private Pay Funded Residents	29. 6	27. 1	1.09	17. 6	1.68	22. 1	1.34	22. 6	1.31
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 5	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	31. 7	32.8	0. 97	38. 1	0.83	37. 4	0.85	33. 3	0. 95
General Medical Service Residents	30. 4	22. 4	1. 36	21.8	1. 39	21. 1	1.44	18. 4	1.65
Impaired ADL (Mean)	47. 0	<b>49</b> . <b>0</b>	0. 96	40. 9	1. 15	47. 0	1.00	49. 4	0. 95
Psychological Problems	61. 7	46. 3	1. 33	55. 9	1. 11	49. 6	1. 24	50. 1	1. 23
Nursing Care Required (Mean)	10. 7	7. 6	1.40	7. 3	1. 45	7. 0	1. 51	7. 2	1.49